

Recommendations for food handlers with *Cyclospora* infection

- A. Recommendations for food handlers who have diarrhea and are epidemiologically linked to a confirmed case:
 - 1. Exclude from work until diarrhea resolves, and
 - 2. Refer for appropriate diagnostic tests (if confirmed, please follow Recommendation B).
- B. Recommendations for food handlers with laboratory-confirmed infection:
 - 1. Exclude from work until diarrhea resolves,
 - 2. Refer for appropriate treatment with trimethoprim-sulfamethoxazole as the therapy of first choice,
 - 3. Re-emphasize proper hand washing before food preparation and after using the toilet, and
 - 4. Check local and state regulations on food handlers to see if other measures are required.

Notes:

- 1. There is no evidence to recommend exclusion from work until the antibiotic course is completed or stools are negative.
- 2. Exclusion of infected persons who are asymptomatic may be indicated for those with questionable hygienic habits.

Rationale:

Infected persons excrete *Cyclospora* oocysts in their feces. Oocysts do not become infective until days to weeks after excretion. Therefore, direct transmission of *Cyclospora* from an infected person to someone else is unlikely, as is transmission by ingestion of food that was contaminated "shortly" before it was eaten. However, indirect transmission can occur if an infected person contaminates the environment (e.g., food preparation surfaces) or food and oocysts have sufficient time thereafter, under appropriate conditions (e.g., in warm, moist areas), to become infective. *Cyclospora* oocysts, like the oocysts of other coccidian parasites, are expected to be inactivated by temperature extremes (e.g., by pasteurization and commercial freezing processes). However, the minimal time and temperature conditions required to inactivate *Cyclospora* oocysts by heating or freezing have not yet been determined.